Break the Cycle

USAID-funded Drug Demand Reduction Program in Uzbekistan, Tajikistan and the Ferghana Valley Region of Kyrgyzstan (DDRP)

DDRP BEST PRACTICE COLLECTION

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DDRP Best Practice Collection Series:

- **"Break the Cycle"**
- Drug Demand Reduction Program
- Unique Identifier Code
- "Sister to Sister"
- Treatment Readiness for Drug Users
- Drug free Treatment and Rehabilitation for Drug Users
- Drug free Public Social Spaces
- Drug Demand Reduction Education and Referral of Migrants
- Youth Power Centers
- Youth Positive Development

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INTRODUCTION AND OVERVIEW

The USAID-funded Drug Demand Reduction Program (DDRP) aims to address social problems among vulnerable populations involved in or at risk of involvement in drug use in Central Asia. DDRP activities in Uzbekistan, Tajikistan and the Ferghana Valley Region of Kyrgyzstan are a response to the dramatic rise in opiate injection in the region.

The term "drug demand reduction" is used to describe policies or programs aimed at reducing the consumer demand for narcotic drugs and psychotropic substances covered by international drug control conventions [1]. The countries covered under this program have experienced significant increases in opiate consumption due to geography and recent socio-political events including the collapse of the Soviet Union and the Afghan conflict. Heroin transiting through these countries has created epidemics of drug use, undermining already fragile economies and threatening to overwhelm health systems with an HIV epidemic. This has also occurred in other nearby former Soviet republics. DDRP's mission is to engage all levels of society in reducing demand for heroin and other opiates. The program began in 2002 and will cease in 2007.

The Drug Demand Reduction Program involves a network of leading international organizations active in HIV prevention and drug demand reduction in the region.

The key components of DDRP are:

- educating target populations on drug-related issues
- promoting healthy lifestyles
- providing access to alternative occupational and leisure activities
- assisting in solving social problems
- supporting the development of pragmatic drug demand-reduction strategies at national and local levels.

This Break the Cycle (BTC) Model is one of ten developed under DDRP for replication and contribution to HIV and drug demand reduction policy and program development in the Central Asian region.

Problems addressed by the DDRP Break the Cycle Model

The BTC model was designed to help prevent injecting drug users from initiating young people into injecting drug use (IDU). Injecting drug use is a technically complex activity and, without assistance, an individual finds it very difficult or impossible to inject for the first time. In Central Asia, as elsewhere, young people are most frequently initiated into IDU by close friends or siblings who already inject drugs, older and experienced injecting drug users (IDUs), or sometimes even by spouses. In many cases in the region, it is the non-user who pressures the current user to help him or her initiate. The choice of drug for first injection varies by social network and availability of particular drugs. Young people thus acquire their drugs knowledge and make drug-use decisions based on the views of friends, siblings, and personal experiences [2,3].

The DDRP Break the Cycle Model

The Break the Cycle intervention implemented by PSI addressed injecting drug use among youth by working with active injecting drug users to discourage them from initiating others into injecting. Break the Cycle interventions in Osh, Kyrgyzstan and Tashkent, Uzbekistan were modeled on successful interventions in the United Kingdom originated by Neil Hunt. The theoretical basis of BTC is derived

Break the Cycle logo

from evidence from many countries that current injecting drug users play an important role in a young person's decision to try injecting, that many injectors disapprove of initiating others into injecting, and that injectors do not always realize that they may be influencing young people's decisions to initiate injecting.

The DDRP Break the Cycle model encourages current injecting drug users to modify their own injecting behavior in order to reduce the risk of others initiating injecting. Under the program, IDUs are encouraged to adopt the following behaviors:

- Don't inject in the presence of non-injectors;
- Don't talk only about the positive effects of narcotics, i.e. the *kaif*, or high, in front of non-users or non-injectors;
- Don't assist someone with their first injection;
- Develop skills to refuse unwelcome requests to help someone learn to inject.

Break the Cycle peer education session

Interventions with IDUs typically use either outreach models, with the outreach worker as the expert informing the target group, or peer education in which the information is transferred by peers who should be practicing less risky behaviors. To promote BTC target behaviors, outreach workers change the outreach worker-drug user dynamic so that rather than the outreach worker operating in a superior position informing the drug user, the drug user is in the dominant position being asked questions by the outreach worker using a technique called "motivational interviewing."

Using motivational interviewing, outreach workers implementing BTC use open-ended questions to evoke revelations from the target group. Outreach workers literally interview drug users about their own injecting initiation and other injecting experiences in order to encourage thinking about the role that they, possibly inadvertently, may be having in increasing the chance that non-injectors around them might initiate injecting. These conversations also build the refusal skills of drug users who are often approached by non-injectors with unwelcome requests to help with injecting.

DDRP motivational interviewing training

Break the Cycle was implemented by PSI as part of their overall strategy aimed at drug demand reduction among youth in the Central Asian region. The major revelation of the DDRP/PSI model is that, in order to effectively reduce youth initiation of heroin use and injecting, programs must both educate youth at high risk of initiating injecting on the risks of IDU and, simultaneously, encourage IDUs who typically play a role in youth initiation not to help non-injectors initiate injecting.

BENEFITS OF THE DDRP BREAK THE CYCLE MODEL

Break the Cycle builds on existing drug demand reduction programs

Break the Cycle, working with IDUs, operates in collaboration with various programs including drug use prevention activities that target at-risk youth. The addition of BTC's IDU-focused work, as a supplement to youth-focused drug demand reduction activities, provides a new, holistic model for drug demand reduction with a greater chance of successfully preventing people from initiating injection of heroin or other drugs. More conventional forms of drug demand reduction – i.e. drug use prevention education activities – help non-drug users to understand the risks attached to drug use.

Countries facing HIV epidemics driven by injecting drug use should consider replicating BTC projects in order to reduce the number of young people initiated into injecting drug use. If implemented successfully, this model could have an important impact on reducing injecting drug use and the spread of HIV globally.

Break the Cycle builds on existing HIV prevention efforts

The Break the Cycle intervention operates primarily through an outreach education model to reduce IDU assistance to others to initiate injecting. Experienced outreach workers, already working with IDUs to provide HIV preven-

tion messages and materials, used their contacts among current drug user networks to attract individuals to participate in BTC activities. These contacts allowed the projects to quickly reach a substantial proportion of injectors in the target sites; to provide additional training to outreach staff on motivational interviewing – a core methodology used in BTC; and to add value to HIV prevention programs.

An outreach-worker provides HIV prevention messages and materials in target sites

Break the Cycle also provides health assistance to drug users

The BTC trainings also benefited the drug users who participated. Drug users were attracted to education sessions by combining them with overdose prevention education to help drug users learn how to avoid and/or manage overdose to reduce drug user morbidity and mortality. Ongoing contact with injecting drug users provided opportunities to motivate current users to move towards drug treatment and HIV testing. Significantly, many drug users reported a deep sense of gratitude to BTC outreach workers.

Break the Cycle builds on social codes among injecting drug users

Break the Cycle is not a program externally imposed upon drug users. Rather, it builds upon existing norms and values within networks of drug users that value efforts to limit the initiation of people into injecting. The social codes of acceptable behavior among existing drug users strongly influence the initiation of new users into injecting. The process of initiation into injecting is likely to influence an individual's future injecting practice and risk-taking behavior [4]. Research shows that most first-time injectors are eagerly and willingly involved in the decision to first inject, rather than being passive victims seduced into injecting drug use by experienced drug users [5]. However, experienced drug users do not generally intend to introduce non-injectors to injecting, and many refuse when asked [6]. The unwillingness to initiate new users represents a common social code found among experienced drug users. The BTC approach aims to reinforce this social code, and to disrupt the initiation of novices into injecting [7,8].

LESSONS LEARNED

This section of the DDRP/PSI Break the Cycle Model provides an overview of general recommendations and lessons learned. The information in this section serves three purposes: first, to provide a broad project plan or protocol for other organizations seeking to implement similar drug demand reduction and HIV prevention projects in Central Asia; second, to capture the best practices observed during the project process, which might serve as a guide for the region; and third, to show that the BTC Model can facilitate a cooperative approach to drug demand reduction and HIV prevention.

Pre-project planning

The following points should be considered in the planning phase for projects incorporating BTC into drug demand reduction or HIV prevention programs.

- *Selection of an organization with pre-existing contact with injecting drug users*

  Injecting drug users can be difficult to reach. Partnerships with existing organizations engaged in outreach service provision allow relatively rapid access to the target population. In Central Asia, PSI implemented BTC primarily through governmental and non governmental trust points for IDUs and drug treatment centers in Tashkent, Osh, Khujand, and Bishkek. Doing so enabled PSI to gain access to injecting drug users through programs already successfully working with the target group.

- *Selection of experienced outreach workers*

  Use of experienced and, if possible, already employed outreach workers assists in rapid implementation of the model. In Osh, the individuals selected for Break the Cycle outreach work each had more than five years of relevant experience. Furthermore, the outreach workers both lived and worked in the target districts. This ensured extensive pre-existing networks and trust did not have to be created for the Break the Cycle project. Using this model, BTC was

Training for outreach-workers on BTC implementing methods

able to be implemented with the addition of only a small number of trainings of existing outreach workers regarding how to implement the BTC program.

- *Baseline studies of target behavior*
  Baseline studies are important to establish appropriate indicators and as a basis from which to measure project performance. These included surveys and discussions with the target group to determine levels of injecting drug use among clients in the target group, as well as baseline levels of initiation of others to injecting. These studies were undertaken in both sites. The success of the program will be measured based upon the program's ability to change these indicators.

- *Pre-project stakeholder partnerships and advocacy*
  Community, government, police, and drug users' support are all crucial for successful implementation of BTC. Local government bodies should be consulted when determining sites at which to work. If a pre-existing outreach network exists in the target community, it should be involved in BTC implementation. National, provincial, and district level health administration, drug control bodies, and police and relevant community bodies should be consulted during the planning phase to ensure an enabling environment. When approaching local administrations, Break the Cycle should be framed in clear terms of assisting local target groups at risk of drug use and HIV. Finally, and perhaps most importantly, local networks of drug users should be involved at every stage of the planning and implementation process of BTC. BTC builds upon existing norms within drug user networks, so it is crucial to involve drug users in order to ensure BTC is implemented in a way that will benefit both youth, by reducing initiation of injecting, and drug users, by emphasizing BTC elements such as overdose prevention and management.

Service delivery

The following points should be considered when planning service delivery incorporating the Break the Cycle approach.

- *BTC outreach should be implemented, wherever possible, through existing trust points*
  To implement BTC effectively, the program should be run through outreach workers already providing services to injecting drug users in

the area where they live and using people who already have trusting relationships with the target group.

- *Physical separation of youth services from Break the Cycle activities*
  It is important to keep BTC activities separated from any purely youth-oriented activities. This is important as programs should avoid systematically putting youth who are at risk of injecting into contact with those already injecting drugs.

- *The importance of target group support*
  Break the Cycle should only be implemented with the support of drug users in target communities. The Break the Cycle program was supported by injecting drug users in target communities from the start. Initial focus groups revealed that the BTC concept reflected a pre-existing informal moral code among drug users present since the Soviet-era; which strongly discouraged existing drug injectors from giving non-users their first injection. Global research on IDU indicates that such norms are commonly found in IDU networks; if such notions do not already exist among drug user networks, it would be very difficult to create such norms through a BTC program.

- *The importance of police support*
  Police support for BTC is crucial. Pre-project advocacy with police ensured police support for the PSI BTC program in Central Asia, where Osh, Tashkent, and other target sites reported few difficulties with police. In Osh, there were occasional difficulties and harassment from new junior police officers recently transferred or employed. Ongoing training for police can help deal with this problem. It is wise to have outreach workers carry ID cards approved by local government and police, authorizing them to work with injecting drug users.

DDRP round table meeting with law-enforcement officials

- *The importance of non-interference from drug dealers and sex worker pimps*
  It is very important that drug dealers and pimps not interfere in outreach activities. In Central Asia, where the program was implemented using out-

reach workers already familiar with these 'gatekeepers' of the target group, no interference was reported.

- *The importance of client anonymity*

  Across Central Asia, fear of the police is one main barrier preventing injecting drug users from establishing contact with services. Particular efforts to ensure client anonymity should be seen as central to interventions with injecting drug users. The DDRP/PSI Break the Cycle projects used an anonymous Unique Identifier Code (UIC) as part of a comprehensive system to track client contacts while also ensuring client anonymity, when working with at-risk and drug using populations. More information about the DDRP/PSI Unique Identifier Code is available in the UIC Model in this series of publications.

- *Onward referrals for drug treatment, HIV testing, and other services*

  BTC will work best if outreach workers combine the goals of BTC with provision of additional services and referrals to services that are useful to drug users. In the BTC projects in Central Asia, outreach workers were trained to motivate drug users to utilize drug demand reduction services, to go for HIV testing, and to provide trainings to help drug users prevent and manage overdose, for example. Referral to a wide range of services makes BTC more attractive to drug users.

Training for outreach-workers on first aid for drug users

- *Client-oriented project promotion*

  The BTC project should be promoted by existing outreach networks and, most importantly, through word of mouth among current drug users. Outreach workers are incentivized to contact new IDUs with BTC outreach by monitoring how many new contacts they make with drug users that have not been previously reached. All drug users participating in the program were recorded by collecting UICs from each client. This completely anonymous client-oriented monitoring system made drug users more comfortable introducing their drug-using social networks to their outreach worker so more of their friends could benefit from the various aspects of the BTC program.

BTC training for staff and drug users

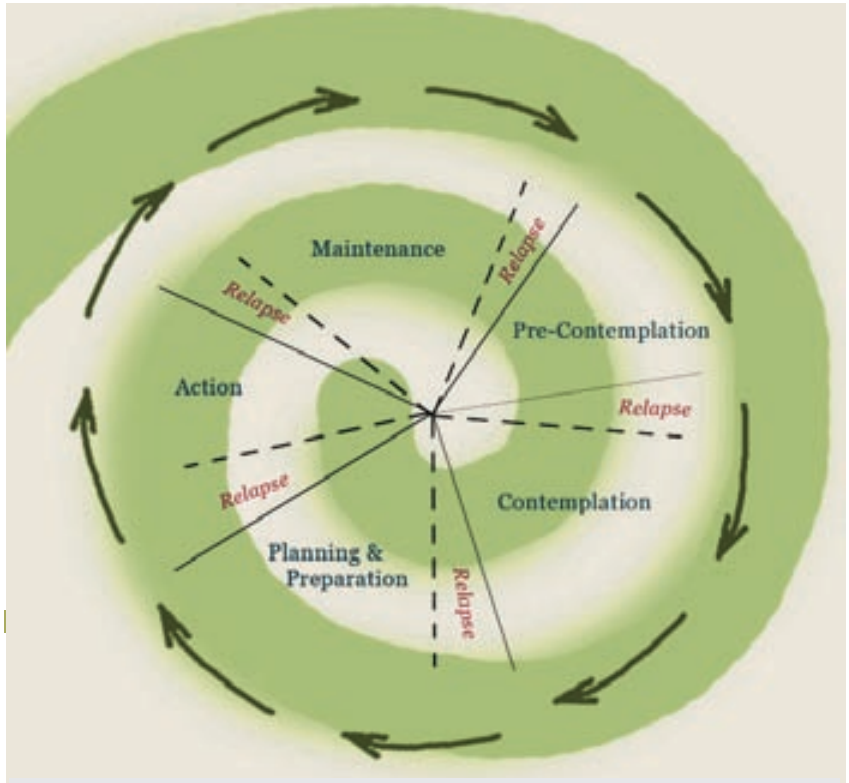
Staff and volunteers received training over three stages to prepare for the implementation of BTC activities in Osh, Tashkent, Khujand, and Bishkek. In the first stage, a consultant trained all PSI BTC program site managers on the main principles of BTC and how to launch and implement the intervention. These trained PSI staff then conducted further trainings with outreach teams in each site. Finally, BTC outreach teams (largely comprised of established outreach workers at trust points) initiated BTC educational sessions with the target group through their on-going outreach activities.

Outreach-workers learn how to 'break the cycle' of drug use at BTC training in Tashkent

Training of outreach workers by PSI staff occurred over a six month period. The outreach workers undertook a three day training course to prepare them to implement the Break the Cycle project with drug users. All outreach workers trained to use the Break the Cycle approach had extensive experience with the target group. Further, they received ongoing training and support in the use of the Unique Identifier Code from PSI to monitor client contacts. In 2005, PSI trained nearly all of the outreach workers working with IDUs in several projects in Tashkent and Osh (more than 100 outreach workers in total) to incorporate BTC into their daily work with injecting drug users.

Particularly important to the success of the BTC training process is ensuring that the program is implemented in a non-judgmental manner, where BTC target behaviors are never forced upon the target group. In order to achieve this effect, drug users encounter the BTC project primarily through contact with outreach workers who use the methodology of motivational interviewing to elicit the norms encouraged by BTC from the drug users themselves. Not all drug users will agree with the norms promoted by BTC, and this is perfectly natural. In this case, outreach workers simply engage drug users in neutral conversations about injecting initiation in order to encourage a natural process of thinking about the role of non-injectors and current injectors in the initiation process.

Each outreach worker works with approximately 40-50 injecting drug users. BTC outreach workers are trained to gauge which drug users are ready



Prochaska and DiClemente model "Stages of Change"

to consider changing their behaviors, based on Prochaska's Stages of Change model. This allows outreach workers to focus BTC sessions on those drug users who are most likely to positively accept the program goals. With those drug users, outreach teams implement a series of outreach-based mini-training sessions designed to motivate drug users to adopt and sustain the norms of behavior advocated by the Break the Cycle approach.

Over a period of months, PSI aimed to measurably change the targeted BTC behaviors among IDUs in target sites, as described in more detail below.

Monitoring and evaluation

Monitoring and evaluation systems were put in place to assess the effectiveness of BTC interventions. These activities encompassed the following dimensions:

- *Behavior change among targeted injecting drug users*

  Over a period of several months, PSI aimed to achieve behavior change on the following indicators. The percentage of IDUs who:

  - Reduced instances of modeling injecting behavior by not injecting in front of non-injectors;
  - Reduced discussion about the benefits of injecting with people who are at risk of trying it;
  - Reduced instances of IDUs helping non-injectors learn how to inject;
  - Increased development of skills among IDUs to deflect unwelcome requests to give someone their first injection.

As the Break the Cycle projects mature, ongoing evaluations of individual injecting drug user behavior change, as measured through random sample surveys of IDUs in the target sites, will allow PSI to modify services to determine the optimal exposure required to have an impact on reducing initiation of young people into injecting drug use.

- *Service utilization*

  Each client contact was recorded using the Unique Identifier Code. This ensured client anonymity while allowing effective monitoring of coverage of the target group with BTC educational sessions and onward referral of individual injecting drug users within the BTC target group.

- *External quality monitoring*

  Additional assistance and quality monitoring was provided through ongoing contact and dialogue with UK- and US-based consultants, including the BTC creators. The BTC model is an innovative approach that requires sensitivity in implementation. Particular care was required to ensure the central principles were faithfully translated through PSI trainers to outreach workers and the target group of IDUs.

LITERATURE REVIEW

This section presents a brief literature review covering issues of drug demand reduction, initiation to drug injecting, preventing initiation of injecting, and overdose education. It is an overview of theoretical assumptions underpinning the Break the Cycle Model.

Injection drug use initiation

The first injection is described as an initiation into a ritual of injecting drug use. Most injecting drug users report that their first injection is unplanned in some social circumstance. However, in some cases, users may actively seek out established injectors and ask to be included in their drug-injecting activities [9,10]. Most injectors report being injected by somebody else the first time [11,12], usually a more experienced injector. Female heroin users are more likely to have been given their first injection by a sexual partner than were males (51 percent versus 10 percent). Men and women are equally likely to get injected by a friend as their first injection [13].

The location of the first injection may also vary. In an Australian study of adolescent correctional facility inmates, 26 percent reported first injection on the street, 31 percent at a friend's house, and 15 percent at home [14]. A significant minority of participants in a second Australian study had first injected in prison [15]. The time between initiation of injecting and the next injection, like other aspects of initiation, may also vary. One study reported that 15 percent of their sample injected again the same day, with another 14 percent within two days [16].

Factors predisposing drug users towards injecting

Drug transitions are complex. Young people move between different drugs and levels of intensity of use, with an overall tendency to move toward more intense use of drugs between the early to late teenage years [17]. Initiation to injecting drug use is typically preceded by use of alcohol, cannabis and solvents by several years. Injection without very substantial exposure to illicit drugs is rare, though much more common in Eastern Europe and Central Asia than in Western Europe and North America [18].

The choice of drug for first injection varies by social network and availability of particular drugs. Young people acquire their drugs knowledge and make drug use decisions based on the views of friends and personal experiences [19,20]. A 2005 study in three regions of the Russian Federation found much higher rates of heroin availability and use compared with Western Europe. Heroin use was found to be common among young women and normalized as part of youthful recreational drug use, rather than a sub-cultural activity. Heroin use was thus found to be associated with intimate domestic routines such as watching TV with friends. Heroin use does not exclude people from local communities – heroin users retain mainstream norms and contacts with mainstream society [21].

The social network establishes group norms and influences the transition to injection drug use. Influences on transition include drug use by family, friends and sexual partners, greater effect at lower cost of injection, and the extent of injection in their local neighborhoods [22,23]. According to some studies, most heroin injectors start at approximately 18-20 years of age [24], are 3-4 times more likely to be male, poor and live in an urban environment, though this will vary according to region [25].

Route transitions

Transitions in the major route of drug administration is defined as "a change in the exclusive or predominant route of administration lasting one month or more" [26]. Studies show that a single transition from non-injecting to injecting is most common [27]. The longer heroin is used the more likely the user is to make a transition to injecting [28].

A study of amphetamine users found that the first use of amphetamines was by injecting for 23 percent of the users, snorting (57 percent), swallowing (19 percent) and smoking (1 percent). Of all respondents, 40 percent made a transition towards injecting from another method of use because of a better "rush" and lower cost. Approximately 9 percent moved away from injecting drug use mainly because of concern about vascular damage [29].

Break the Cycle evidence base

Break the Cycle targets current injecting drug users, encouraging them to help prevent non-injectors from beginning to inject drugs [30]. A review of the first BTC intervention in the UK found that, among those interviewed, injecting in front of non-injectors was halved, respondents' disapproval of initiating others was increased, injectors who participated in the intervention received fewer than half as many requests to initiate others than non-participants, and the number of people initiated by intervention participants fell, compared with baseline data [31].

PSI felt expanding the scientific evidence base for the BTC intervention was important in Central Asia. To that end, PSI's BTC program includes a full set of research and M&E activities designed to ensure a solid evidence base for program

implementation and generation of results. Further, PSI collaborated with the United Nations Reference Group on HIV/AIDS Prevention and Care among IDUs in Developing and Transitional Countries to document the BTC work in Central Asia. In addition, further collaborations were carried out with UK-based researchers who created Break the Cycle to insure the quality of the BTC program in Central Asia.

Overdose prevention and management

PSI included an overdose prevention and management component in its BTC program in Central Asia in order to increase the attractiveness of BTC to drug users, for whom overdose is one of the main causes of morbidity and mortality. Overdose prevention and management education to current injecting drug users (including distribution of naloxone to prevent death from overdose) has proven effective in preventing heroin overdose deaths [32]. Almost all injecting heroin overdose death is caused by respiratory depression leading to cardiac arrest. Heroin overdose fatalities occur mainly after a period of abstinence [33]. The two-week period immediately following prison release or leaving drug treatment programs is especially dangerous [34]. Most overdoses occur with injecting drug users present [35]. In many overdoses, bystanders fail to call for ambulance services. This failure is primarily due to fear of the police. Untrained people present at overdoses try a variety of methods (including ill-advised practices such as injecting saline solution) in an attempt to aid the overdose victim [36,37].

To date, HIV prevention has largely taken precedence over overdose prevention in existing programs in Central Asia. The issue of overdose has been largely neglected by donors and governments on programs targeting IDUs. Overdose components are typically added on to HIV prevention programs as an afterthought. There are, to the authors' knowledge, no existing stand-alone projects dedicated to reducing overdose deaths in Central Asia. There is now sufficient research into overdose risk factors to develop educational materials for use in peer education campaigns [38]. Prescribing take-home naloxone to injecting drug users with training in its use and in resuscitation techniques may represent a life-saving, peer-based adjunct to accessing emergency services. (Strategies for overcoming potential risks associated with the use of take-home naloxone would need to be included in an overdose management training program [39].) Organizations considering implementing BTC should consider adding components, such as overdose prevention and management, to their BTC programs in order to make BTC more relevant to the lives and health of drug users.

INDIVIDUAL PROJECT DESCRIPTIONS

This section provides an overview of the two sites where the DDRP/PSI Break the Cycle Model was first implemented. The projects were located in Osh, Kyrgyzstan, and Tashkent, Uzbekistan.

Break the Cycle, Osh

Osh is the second largest city in Kyrgyzstan and has an ethnically mixed population of about 214,000 (2003), made up of Kyrgyz, Uzbeks and Tajiks. The Uzbek border lies nearby, and the city has several very large outdoor markets. Osh lies on a major drug route from Afghanistan and has one of the highest rates of injecting drug use, sex work and HIV infection in Kyrgyzstan.

PSI undertook surveys among drug users in 2005 to investigate why individuals in Osh started drug use. *Anasha* (cannabis) was found to be the most common drug first used, followed by cigarette smoking and then injecting heroin. Boredom, peer pressure, and raising social status were described as the main reasons for initiating drug use. There are many mixed-age informal groups in residential areas with no social activities. Older youths frequently have contact with drugs and crime. Individuals who wish to increase their own authority and gain the respect of their peers do so through drinking, fighting, crime and drug use. Young people in Osh are at high risk of injecting. Drug dealing flourishes in many Osh neighborhoods. Drugs such as heroin are both cheap and accessible.


Role play at one of PSI trainings

The BTC project in Osh was implemented through existing governmental and non governmental trust points using experienced outreach workers. Each outreach worker trained in BTC motivational interviewing maintained regular contact with approximately 50 injecting drug users. Outreach workers had contact with a range of other at-risk groups, including male and female sex workers. In addition to the local BTC manager, a project coordinator was located in Bishkek. The Osh pro ject employed full- and part-time staff including the director, a coordinator, a narcologist, a psychologist, a lawyer, and the outreach workers.

The following services were provided by BTC outreach workers trained by PSI in Osh:

1. BTC motivational interviews for IDUs on the topic of injecting initiation;
2. Promoting referrals to drug treatment and HIV prevention services;
3. Trainings on overdose prevention and management;
4. Provision of Break the Cycle IEC materials to IDUs.

Break the Cycle, Tashkent

Tashkent, the capital of Uzbekistan, is a city of two million people (2006) and is located on a major drug route from Afghanistan. The city has high rates of sex work and injecting drug use. Tashkent attracts many young unskilled workers, who seek to escape the high rural unemployment of the Uzbek countryside. Drug use is common among a wide range of people in Tashkent, including young people from rich and poor families as well as youth both in and out of school, and employed and unemployed.

PSI undertook research with current injecting drug users in Tashkent before initiating the project. The research took the form of 16 small group discussions with 52 current injecting drug users. The initial research determined that more than half of IDUs using trust points were potential clients for the BTC program, as they expressed an interest in and supported of the key BTC principles. This research assisted PSI in developing appropriate monitoring and evaluation indicators. The project in Tashkent was implemented through 10 pre-existing governmental trust points. Each of the 10 trust points are located in disadvantaged communities with high numbers of injecting drug users and also high numbers of youth at risk of initiating injecting, making them an ideal site for BTC implementation [40].

The staff and activities on the Tashkent BTC program were virtually identical to those listed above in the Osh section.

REPLICATION

Results of implementation of BTC suggest that the project can be implemented and sustained relatively easily within pre-existing programs set up to serve the needs of drug users. The Break the Cycle concept can be replicated wherever countries are having a problem with increasing numbers of people injecting drugs.

- *Implementing Break the Cycle in government and private drug treatment clinics and any HIV prevention programs targeting IDUs*
  The BTC model is a genuinely innovative approach to reducing the number of people will begin to inje ct drugs. PSI implemented the program initially through pre-existing drug treatment and HIV prevention programs targeting IDUs in Tashkent and Osh, and then replicated it in Bishkek and Khojand. The model could be implemented through virtually any program that has sustained contact with drug users, including treatment centers, outreach programs, and counseling and self-help groups.

- *Scaling up Break the Cycle within Central Asia and expanding it to regions facing IDU-driven HIV epidemics*
  Break the Cycle should be scaled up throughout Central Asia. The Central Asian experience should also be shared with adjacent regions facing a similar rise in injecting drug use among youth along with the associated epidemic of HIV. Piloting new drug demand reduction interventions such as BTC in other contexts will help demonstrate the relevance and effectiveness of the intervention in different contexts, and provide a local evidence base for key decision makers. Presentations about BTC at national, regional and international conferences and meetings have led to sustained interest from organizations around the world in the BTC Model.

- *The importance of linking Break the Cycle with youth-oriented drug use and HIV prevention programs*
  Break the Cycle formed part of the overall PSI drug demand reduction strategy among youth in Central Asia. PSI implemented BTC with drug users and simultaneously implemented a program called Youth Power designed to re-

duce youth initiation of injecting drug use. It is the joint implementation of programs with youth at risk of injecting, along with the BTC intervention targeting drug users, that makes the Central Asian drug demand reduction model unique. Programs in other regions should consider setting up similar program models, in which both youth and IDUs are engaged in a holistic set of activities to reduce the number of people who begin injecting.

GLOSSARY

Anasha: Cannabis derivative.

Drug demand reduction: The term "drug demand reduction" is used to describe policies or programs directed towards reducing the consumer demand for narcotic drugs and psychotropic substances covered by the international drug control conventions (the Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971 and the Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988). The distribution of these narcotic drugs and psychotropic substances is forbidden by law or limited to medical and pharmaceutical channels [41].

Kaif: The Russian term for the "high" associated with drug use.

Trust point: In Central Asia, the term "trust point" is used to refer to sites where IDUs can go to get products and services to help them with HIV/AIDS, hepatitis, STIs, and other health problems.

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BREAK THE CYCLE

Design: T. Alexandrov
Layout: E. Zarubaeva

Signed 21.08.2007
Order # 184

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